## **Group Booking Form**

**RETURN ADDRESS:** 

First Aid North
North House
41 Swaledale Avenue
Blyth
Northumberland
NE24 4DU



Specialist Training Provider

01670 457116

Please complete in BLOCK CAPITALS & black ink.									
COURSE DET	AILS								
Course Title									
Venue									
Course Code									
Date(s)									
Time(s)									
PERSON RESONSIBLE FOR BOOKING									
Title									
Forename(s)									
Surname									
Position in organisation									
Company Address									
Post Code									
Contact telephone numbers and times available:			Work						
			Mobile						
			Email						
Names of Candidates			Please print name as you want it to appear on certificate						
1.			2.						
3.			4.						

5			6						
			8.						
7.									
9.			10.						
<i>3.</i>			10.						
11.			12.						
Payment	Cash		Cheque		BACS				
Method									
50% denosit is navah	le upon hookina	with the ha	lance due seven d	davs prior t	o the start of vo	our			
50% deposit is payable upon booking, with the balance due seven days prior to the start of your course. You should not send cash in the post. If you wish to pay by cash in person please call									
us to arrange an appointment as our office is not open to the public. If you are paying by BACS transfer please quote the course code and your business name when making the payment at your									
transfer please quote the course code and your business name when making the payment at your bank. Our account details are <b>Sort Code 09-01-28 Account 50122883</b>									
From time to time photographs of class activities are taken to demonstrate the practical content of our courses.  These photographs are used solely by First Aid North. If you do not wish to be included on any such photographs please tick here									
Please note that there is a physical component to First Aid and that all candidates must be able to carry out									
practical tasks throughout the course as well as an assessment at the end. These tasks include dealing with an unconscious casualty on the floor, therefore you must be able be able to kneel on the floor for short periods									
Please tick this box to state that your candidates are physically able to carry out these tasks 🛭									
ADDITIONAL INFORMATION									
Please use this space to tell us anything else you feel is relevant									
Signature of person making booking Date									
By signing this booking form you are confirming that you accept and agree to our terms and conditions of business									
For office use only  Booking Form & Payment Received									
Received	Amount		Method		Confirmed				